ROAD DEVELOPMENT AGENCY

Government/Fairlay Road, P.O. Box 50003, Lusaka, Zambia. Tel: 01-253088/253801/253002, Fax: 01-253404/

	APPLICANT	APPLICANT'S AGENT
Name:		
Address:		
Phone Number		

Application Date: _____ SIGNATURE: _____

	Make	Reg. No.		Tare Wt.	Gross Wt.	
Horse Details:			1			Tare Weights 1+2+3
Dolly Details:			2			
Trailer Details			3			Weight of the Load

Own Escort Vans Registration Number(s) i _____ ii _____

TOTAL G.V.M.: _____

HORSE,DOLLY & TRAILLER (Overall dimensions in Meters)		Width:	Height:	Length:
LOAD DESCRIPTION (Overall dimensions in Meters)		Width:	Height:	Length:

	No. of Axles in the Group	No. of Wheels in the Group	Maximum Permissible Load (Kgs)	Actual loading (Kgs)	Wheel Configuration
Axle Group 1					
Axle Group 2					
Axle Group 3					
Axle Group 4					
Axle Group 5					
Supper Axles					

Route To Be Used *(Indicate Origin and Destination)*. _____

Proposed Date Of Transporting Load _____

NOTE:

1. Attach Sketch of Vehicle Showing Arrangement of Load, Wheel Configuration, Total Height of Vehicle Plus Load,
2. Position of Load Relative to Vehicle, width of Vehicle and Plus Load.
3. Attach A Copy of Valid Road Service Licence (Zambian Vehicle) and Valid Permit In The Case of Foreign Vehicle.
4. These Are Requirements as per Article 12 of Statutory Instrument No. 28 Of 2007, Public Roads Act No.12 of 2002 Of The Laws Of Zambia.
5. The Permit Shall Only Be Issued Upon Full Payment Of The Amount Due.
6. Attach manufacturers specifications of the load.
7. All abnormal load permit applications submitted after 12:30hrs will be issued the following day.

FOR RDA OFFICIAL USE ONLY

ALLOW TRANSPORTER TO PAY FOR:

PROCESSING FEE:……..……..…	*US $*			
COMPENSATION: AXLE / GVM OVERLOAD:……..…	*US $*			
TOTAL (processing fee + Compensation)…….	***US $***			
INSPECTION FEE:……..……	***ZMW***		***PERMIT NUMBER.***	
ESTIMATED BY:	***POSITION:***		***SIGNATURE:***	
CHECKED BY:	***POSITION:***		***SIGNATURE:***	